

MASK EMPLOYMENT APPLICATION

This application form is INTENDED FOR USE IN EVALUATION YOUR QUALIFICATIONS FOR employment. This is NOT AN EMPLOYMENT CONTRACT. PLEASE ANSWER ALL APPROPRIATE QUESTIONS COMPLETELY AND ACCURATELY.

TODAY'S DATE: _____

NAME:

LAST: _____

FIRST: _____

M.I.: _____

ADDRESS:

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: () _____

E-MAIL: _____

AVAILABILITY:

FOR WHICH POSITION ARE YOU APPLYING? _____

LICENSE OR CERTIFICATION #: _____

WHAT DATE CAN YOU START? _____

ARE YOU UNDER A CONTRACT WITH AN EMPLOYER? _____

IF YES, UNTIL WHEN _____

WHAT CATEGORY WOULD YOU PREFER? FULL TIME / PART TIME?

WHAT HOURS AND DAYS ARE YOU AVAILABLE? _____

JOB-RELATED SKILLS:

PLEASE LIST ANY OTHER SKILLS, LICENSES OR CERTIFICATES YOU FEEL WOULD BE OF VALUE TO THIS POSITION:

PLEASE LIST ANY SKILLS WHICH YOU ARE NOT WILLING TO PERFORM:

PREVIOUS EMPLOYERS:

MOST RECENT EMPLOYER:

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? _____

COMPANY NAME: _____

ADDRESS: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: (___) ___-_____

POSITION: _____

DATES EMPLOYED FROM: _____ TO: _____

SECOND MOST RECENT EMPLOYER:

COMPANY NAME: _____

ADDRESS: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: (___) ___-_____

POSITION: _____

DATES EMPLOYED FROM: _____ TO: _____

THIRD MOST RECENT EMPLOYER:

COMPANY NAME: _____

ADDRESS: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: (___) ___-_____

POSITION: _____

DATES EMPLOYED FROM: _____ TO: _____

EDUCATION:

REFERENCES: (if NECESSARY, ATTACH A SEPARATE SHEET)

CERTIFICATION AND RELEASE:

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION, WHETHER ON THIS DOCUMENT OR NOT, MAY RESULT IN REJECTIONS OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AUTHORIZE ALL FORMER EMPLOYERS TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS OR ALCOHOL IS PROHIBITED DURING MY WORKING HOURS OF EMPLOYMENT. If COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT.

SIGNATURE: _____

DATE: _____